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RECIPIENT(S)	PHONE	FAX
Examiner Laurie A. Scheiner USPTO, GAU 1648	571.272.0910	703.872.9306

MESSAGE: PLEASE DELIVER TO EXAMINER SCHEINER, GAU 1648

RE: U.S. PATENT APPL. NO. 09/486,625

-TRANSMITTED HEREWITH:

- Transmittal Form (1 page)
- Fee Transmittal, with auth to charge deposit acct \$100.00 (dupl)
- Amendment and Response (10 pages)

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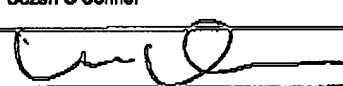
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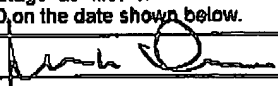
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/488,625
	Filing Date	September 13, 2000
	First Named Inventor	Velpandi Ayyavoo
	Art Unit	1648
	Examiner Name	Laurie Scheiner
Total Number of Pages in This Submission	Attorney Docket Number	UPAP0008-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Official Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Mark DeLuca		
Date	5/27/05	Reg. No.	33,229

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.			
Signature			
Typed or printed name	Mark DeLuca	Date	5/27/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">for FY 2005</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/486,625
		Filing Date	September 13, 2000
		First Named Inventor	Velupandi Ayyavoo
		Examiner Name	Laurie A. Scheiner
		Art Unit	1648
TOTAL AMOUNT OF PAYMENT (\$) 100.00		Attorney Docket No.	UPAP0008-100

METHOD OF PAYMENT (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
25	-25 or HP= 0	x _____ = _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
8	- 7 or HP= 1	x 100 = 100
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

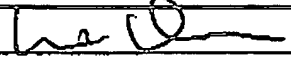
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,229	Telephone	215.885.5582
Name (Print/Type)	Mark DeLuca	Date			

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appln. No.: 09/486,625

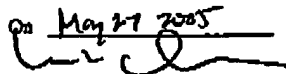
Response to Office Action dated March 10, 2005

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MAY 27 2005**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Appln. No:** 09/486,625**Applicant:** Velpandi Ayyavoo *et al.***Filed:** September 13, 2000**Title:** ATTENUATED VIF DNA IMMUNIZATION CASSETTES FOR GENETIC
VACCINES**TC/A.U.:** 1648**Examiner:** Laurie A Scheiner**Confirmation No.:** 8820**Certificate of Facsimile Transmission**

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date shown below.

On May 27 2005

Mark DeLuca Reg. No. 33,229

AMENDMENT AND RESPONSE**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 10, 2005, in connection with the above-
identified patent application, Applicants hereby amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

05/31/2005 MGE BREM1 00000007 501275 09486625
01 FC:2201 100.00 DA